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State of Nebraska  
Investigator's Motor Vehicle Accident Report

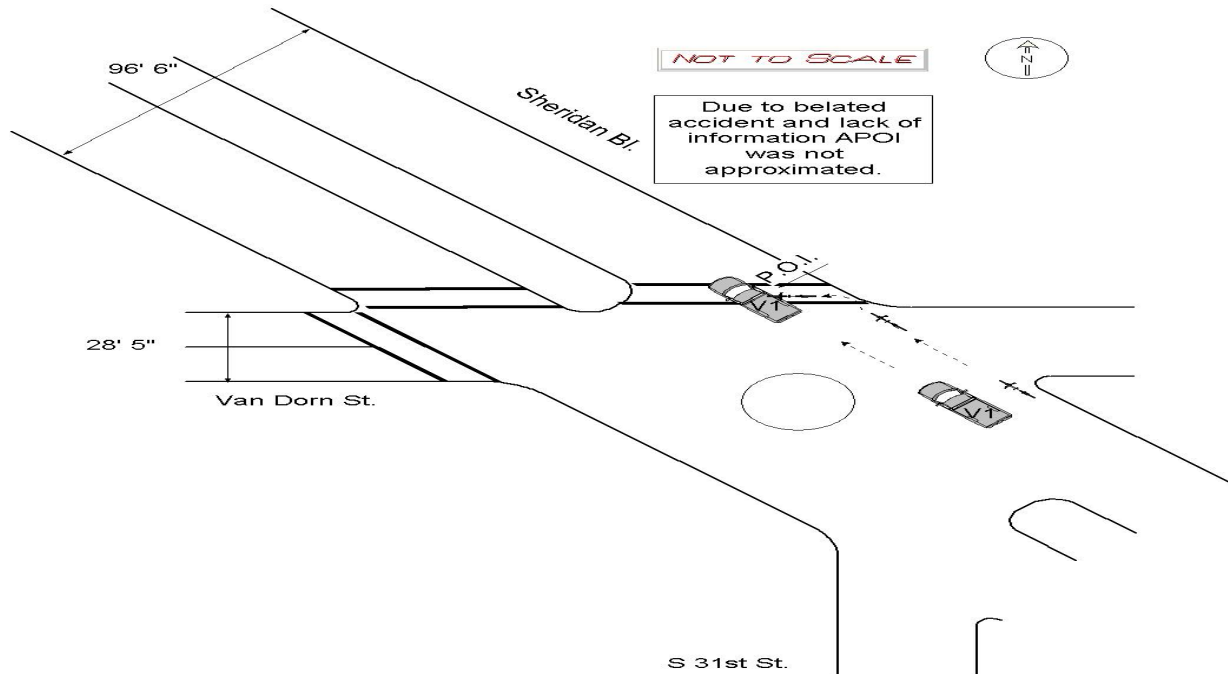
Sheet 1 of 1

001	Total Number of Vehicles	Local No./ District 500	Agency Case No. B2-072693	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1			
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 08-06-2012		S M T W T H F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY			
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1700	POLICE NOTIFIED 2020	LATITUDE			
B 95	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Sheridan Bl/ Van Dorn St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE			
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO			
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION					
	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN				
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
VEHICLE NO. 1									
F 1	DRIVER LICENSE NO.	DRIVER			STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE			
V1/N 01	DRIVER ADDRESS			PHONE	LOCAL NO.				
V2/N	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.				
G 4	OWNER ADDRESS			PHONE	LOCAL NO.				
H 2	LICENSE PLATE NO.	Unknown			YEAR (Plate Expires)	STATE (Of Plate)			
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$			
V2/O	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			POLICY NO.				
VEHICLE NO. 2									
I 1	DRIVER LICENSE NO.	DRIVER			STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE			
V1/P 8	DRIVER ADDRESS			PHONE	LOCAL NO.				
V2/P	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.				
J 01	OWNER ADDRESS			PHONE	LOCAL NO.				
V1/Q 4	LICENSE PLATE NO.	Unknown			YEAR (Plate Expires)	STATE (Of Plate)			
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$			
K 02	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			POLICY NO.				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)									
VEH. # 0	NAME Claire E Hinrichs , 2620 Lafayette Av., , Lincoln, Ne, 68502	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO. 510-710-9327	MEDICAL FACILITY NAME Lincoln - BryanLGH Medical Center West (Lincoln General) - Lancaster	EMS SERVICE NAME	19		10	4	4	F
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B2-072693**



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

B1 (Hinrichs) was brought to Bryan LGH West by her mother, W1 (Kim Hinrichs) with an injury to her left ankle after running into a pickup while riding her bike. B1 stated she was in the intersection of Sheridan/Van Dorn riding on the side of the road traveling NW when she made a sudden turn to cross WB across Sheridan. B1 stated she did not look and she ran into V1 (Unknown), a GRY pickup traveling NW on Sheridan through the intersection with Van Dorn. B1 was unable to give me specific details on the location in the intersection and stated the incident was her fault. B1 said at the time she did not think she was hurt and the W/M driver of V1 stopped to help her and actually gave her and her bike a ride home. B1 did not get the information from the driver of V1. B1 did not think there was any damage to her bike and if there was it was minimum, approx \$20. I was present when medical staff advised B1 that she had a left foot fracture.

<b>PROPERTY</b>	OBJECT DAMAGED <b>2012 Trek Hybrid B</b>	OWNER NAME <b>Claire E Hinrichs</b>	ADDRESS <b>2620 Lafayette Av, , Lincolne, NE, 68502</b>	PHONE <b>( 510 ) 710-9327</b>	APPROX. COST OF DAMAGE <b>\$ \$20</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE <b>( )</b>	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME <b>Kimberly M Hinrichs</b>				ADDRESS <b>2620 Lafayette Av Lincoln NE 68502</b>
	NAME				ADDRESS
					PHONE <b>( 510 ) 710-9327</b>
					PHONE <b>( )</b>

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1		VEH 2					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		Driver No. 1		Driver No. 2		Pedestrian				
1				X	Sheridan Blvd				6		9		Y		Y		Y				
2													N		N		N				
1	01				06 Turning left				03				01		02		03		04		
2					08 Entering traffic lane				03				01		02		03		04		
				09 Leaving traffic lane										05		06		07		08	
				10 Parked										09		10		11		12	
				11 Slowing or stopped in traffic										11		12		13		14	
				12 Other										12		13		14		15	
				13 Unknown										13		14		15		16	
OFFICER NO. <b>1689</b>				TROOP/TEAM/BEAT <b>4B</b>				DEPARTMENT <b>5501 Lincoln Police Department</b>				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
INVESTIGATOR NAME (Print or Type) <b>Peter Lensing</b>								INVESTIGATOR SIGNATURE <b>Digital Certificate with Nebraska Crime Commission</b>								DATE OF REPORT <b>08/08/2012</b>					